

Case Number:	CM14-0013213		
Date Assigned:	03/14/2014	Date of Injury:	07/21/2012
Decision Date:	11/26/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 43 years old female who was injured on 7/21/2012. She was diagnosed with lumbar spine myoligamentous injury with radiculopathy, right knee internal derangement. She was treated with medications and epidural injections for her back and surgery and physical therapy for her right knee. On 11/15/2013 (the most recent progress note found in the documents provided for review), the worker was seen by her pain management provider for a follow-up, complaining of continual low back pain which radiates to right leg as well as right knee pain rated at 8/10 on the pain scale. She expressed interest in another epidural injection since the previous injections seemed to help reduce her pain significantly. The physical examination findings included tenderness of the lumbar area, reduced range of motion of the lumbar spine, decreased sensation along posterior right thigh and posterior calf, and a positive straight leg raise. She was then prescribed Norco, Anaprox, Prilosec, Ultram, and Topamax, all of which had previously been prescribed and were for continuation, although the Topamax was stated as being not yet started (not approved). The worker was also given trigger point injections and requested again for another epidural injection. Later, on 12/27/2013, the provider made a request for the purchase of an IF/TENS unit with a one year supply of the associated batteries and electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

IF UNIT/TENS UNIT COMBO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT, Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Transcutaneous electrotherapy, TENS Page(s): 118-120 114-1.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. The MTUS Chronic Pain Guidelines also do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was no evidence of the worker at the time performing a form of physical therapy (home exercises) for her back which would be required for the consideration of using ICS or TENS units concurrently. Also, there was no documented report on the baseline function without the use of any transcutaneous electrotherapy device nor any report of functional benefit after a trial in order to assess for justification for a purchase of this device. Also, there is no evidence that purchasing a combination product that included ICS and TENS is better than using one of the two types of units. Therefore, considering all of the documented evidence, the IF/TENS unit is not medically necessary, including all supplies that go with it.

PURCHASE WITH ONE YEAR SUPPLIES: ELECTRODES (FOUR PER PACK) X 10 AND BATTERIES X 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT, Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Interferential Current Stimulation/Transcutaneous electrotherapy, TENS Page(s): 118-120 114-1.

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